



STATE OF IOWA
MASTER AGREEMENT
 Contract Declaration and Execution

EFFECTIVE BEGIN DATE: 01-01-2009
 EXPIRATION DATE: 12-31-2009
 PAGE: 1 of 3

VENDOR:

PARK NICOLLET INSTITUTE
International Diabetes
PO Box 16115
Minneapolis, MN 55416-2699
USA

VENDOR CONTACT:

Jeri Fake
PHONE: 888-637-2675 **EXT:**
EMAIL: Jeri.Fake@parknicollet.com

ISSUER:

JEANETTE CHUPP
PHONE: 515-281-6288
EMAIL: Jeanette.Chupp@iowa.gov

FOB FOB Dest, Freight Prepaid

Contract For: Publications for Diabetes Education

The parties agree to comply with the terms and conditions on the following attachments which are by this reference made a part of the Agreement.

Attachment 1: General Terms and Conditions for goods contracts posted at web-site:

http://das.gse.iowa.gov/terms_goods.pdf

Attachment 2: Contractor's Resopnse to Competitive Bid 0709588004 of October 13, 2008, on file with the Iowa Dept. of Administrative Services, General Services Enterprise.

Health Education Diabetes Resources and Publications...

- Review the Product Listing (attached) or request a current 2008/2009 International Diabetes Center catalog
- Products available at published pricing
- Payment Type Preferred: Paper Check or MasterCard Procurement Card
- Payment Terms: Net 30 days
- FOB: Ship Point (Shipping/Handling Charge invoiced) per the attached order form
- Minimum Order Requirement: Orders less than \$100 must be prepaid.

Customer Service Contact: Jeri Fake

-- Phone: 888-637-2675 or FAX 952-993-0501

-- E-Mail: Jeri.Fake@parknicollet.com

RENEWAL OPTIONS

FROM 01-01-2010 **TO** 12-31-2010

FROM 01-01-2011 **TO** 12-31-2011

FROM 01-01-2012 **TO** 12-31-2012

FROM 01-01-2013 **TO** 12-31-2013

AUTHORIZED DEPARTMENT

ALL

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		STATE OF IOWA	
CONTRACTOR'S NAME (If other than an individual, state whether a corp., partnership, etc.		AGENCY NAME	
BY (Authorized Signature)	Date Signed	BY (Authorized Signature)	Date Signed
Printed Name and Title of Person Signing		Printed Name and Title of Person Signing	
Address		Address	



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LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST / PRICE OF SERVICE
1	0.00000	715		\$0.000000
				\$0.000000
			PUBLICATIONS, AUDIOVISUAL MATERIALS, BOOKS, TEXTBOOKS (PRE	
			Diabetes Education Materials	
			NOTE: Orders under \$100 must be pre-paid.	
2	0.00000	96286		\$0.000000
				\$0.000000
			Transportation of Goods and Other Freight Services	
			Shipping and Handling Charges per Order Form.	



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TERMS AND CONDITIONS

Terms & Conditions Goods

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